FORM FS-398
8-17-58

FOREIGN SERVICE
UNITED STATES OF AMERICA
MEDICAL EXAMINATION OF VISA APPLICANTS

PLACE: American Embassy, Moscow, USSR

DATE OF EXAMINATION: May 24, 1962

At the request of the American Consul at	CITY: Moscow	COUNTRY: USSR	
I certify that on the above date I examined	NAME: Marina N. OSWALD	AGE: 20	SEX: F

I examined specifically for evidence of any of the following conditions:

CLASS A:

TUBERCULOSIS (in any form)

LEPROSY (Hansen's Disease)

DANGEROUS CONTAGIOUS DISEASES:

Actinomycosis	Granuloma Inguinale	Ringworm of scalp
Amebiasis	Keratoconjunctivitis infectiosa	Schistosomiasis
Blastomycosis	Leishmaniasis	Syphilis, infectious stage
Chancroid	Lymphogranuloma Venereum	Trachoma
Favus	Mycetoma	Trypanosomiasis
Filariasis	Paragonimiasis	Yaws
Gonorrhea		

MENTAL CONDITIONS:

Feeble-mindedness (mental deficiency)	Previous occurrence of one or more attacks of insanity	Mental defect
Insanity	Psychopathic personality	Narcotic drug addiction
	Epilepsy (Idiopathic)	Chronic alcoholism
		(See proviso, sec. 34.7, USPHS Regs.)

CLASS B:

Physical Defect, Disease, or Disability Serious in Degree or Permanent in Nature Amounting to a Substantial Departure from Normal Physical Well-Being.

CLASS C:

Minor Conditions.

(Check number (1) below or complete number (2))

My examination, including the X-ray and other reports below, revealed:

(1) No defect, disease, or disability ☐

(2) Defect, disease, or disability, or previous occurrence of one or more attacks of insanity, as follows (give class—A, B, or C—diagnosis, and pertinent details):*

Chest X-ray report Negative

from Dr. Soviet Polyclinic

Blood serological report Negative *from Dr.* Soviet Polyclinic

Urinalysis report

from Dr.

SIGNATURE OF MEDICAL OFFICER OR CONSULAR ADVISOR	TITLE	DATE OF FINAL NOTIFICATION
Alexis H. Davison	Captain, USNR, MC	

*Continue on reverse side if necessary

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